PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/687,951			Filing Date 10/13/2000		To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OR		HER THAN
FOR NUMBER FILED					.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))		. N/A		N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))				N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),			N/A			N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))			minus 20 =			•		x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S		minus 3 =			•		x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))		sheet is \$25 addition 35 U.S	e specification and drawings ets of paper, the application 250 (\$125 for small entity) for tional 50 sheets or fraction to U.S.C. 41(a)(1)(G) and 37 C			n size fee due for each i thereof. See			1			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL			TOTAL	Same and
(Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
TN:	12/13/2006	CLAIMS REMAINI AFTER AMENDI	NING		NUMBER PREVIO PAID FO	R USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.18(i))	· 16	Minus		 20		= 0		x \$ =		OR	X \$50=	0
Z.	Independent (37 CFR 1.16(h))	• 3	Minus		 3		= 0		x \$ =		OR	X \$200=	0
4MI	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)													
	6/1/67	CLAIN REMAIN AFTE AMENDI	IING :R		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
EN EN	Total (37 CFR 1.16(i))	· 16	,	Minus	" 27	Ø	=		x \$ =		OR	x \$ =	
ENDMENT	Independent (37 CFR 1.16(h))	・プ	:	Minus	3	3	= /		x \$ =		OR	× \$ =	
_	Application Size Fee (37 CFR 1.16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
								- '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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